

1-21-09

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30589 7590 10/16/2008

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Kathryn L. Hester, Ph.D.

(Depositor's name)

(Signature)

By Express Mail On 01/16/2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,093	09/11/2003	Kenneth E. Miller	5820,641	5920

TITLE OF INVENTION: METHOD OF ALLEVIATING CHRONIC PAIN VIA PERIPHERAL INHIBITION OF NEUROTRANSMITTER SYNTHESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/16/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
SRIVASTAVA, KAILASH C	1657	435-007710

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Dunlap Codding, P.C. 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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The Board of Regents of the University of Oklahoma

Norman, OK

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **01/16/2009**Typed or printed name **Kathryn L. Hester, Ph.D.**Registration No. **46,768**

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/660,093
Filing Date	09/11/2003
First Named Inventor	Kenneth E. Miller
Art Unit	1657
Examiner Name	K. Srivastava
Attorney Docket Number	5820.641

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DUNLAP CODDING, P.C.		
Signature			
Printed name	Kathryn L. Hester, Ph.D.		
Date	01/16/2009	Reg. No.	46,768

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Typed or printed name	Kathryn L. Hester, Ph.D.	Date	01/16/2009
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